## Appendix A – Harm Triggers

 $Harm\ Triggers\ from\ State\ Operations\ Manual,\ Appendix\ Q-Guidelines\ for\ Determining\ Immediate\ Jeopardy.\ pp.\ 5-7.$ 

Issue	Harm	Triggers
A. Failure to protect from abuse	1.	Serious injuries such as head trauma or fractures;
	2.	Non-consensual sexual interactions; e.g., sexual harassment, sexual coercion or sexual assault;
	3.	Unexplained serious injuries that have not been investigated;
	4.	Staff striking or roughly handling an individual;
	5.	Staff yelling, swearing, gesturing or calling an individual derogatory names;
	6.	Bruises around the breast or genital area; or Suspicious injuries; e.g., black eyes, rope marks, cigarette burns, unexplained bruising.
B. Failure to Prevent Neglect	1.	Lack of timely assessment of individuals after injury;
	2.	Lack of supervision for individual with known special needs;
	3.	Failure to carry out doctor's orders;
	4.	Repeated occurrences such as falls which place the individual at risk of harm without intervention;
	5.	Access to chemical and physical hazards by individuals who are at risk;
	6.	Access to hot water of sufficient temperature to cause tissue injury;
	7.	Non-functioning call system without compensatory measures;
	8.	Unsupervised smoking by an individual with a known safety risk;
	9.	Lack of supervision of cognitively impaired individuals with known elopement risk;
	10.	Failure to adequately monitor individuals with known severe self-injurious behavior;
	11.	Failure to adequately monitor and intervene for serious medical/surgical conditions;
	12.	Use of chemical/physical restraints without adequate monitoring;
	13.	Lack of security to prevent abduction of infants;
	14.	Improper feeding/positioning of individual with known aspiration risk; or
	15.	Inadequate supervision to prevent physical altercations.
C. Failure to protect from	1.	Application of chemical/physical restraints without clinical indications;
psychological harm	2.	Presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or
	3.	Lack of intervention to prevent individuals from creating an environment of fear.
D. Failure to protect from undue adverse medication	1.	Administration of medication to an individual with a known history of allergic reaction to that medication;
consequences and/or failure to provide medications as prescribed.	2.	Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions;
	3.	Administration of contraindicated medications;
	4.	Pattern of repeated medication errors without intervention;
	5.	Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or
	6.	Lack of timely and appropriate monitoring required for drug titration.
E. Failure to provide adequate nutrition and hydration to	1.	Food supply inadequate to meet the nutritional needs of the individual;

Issu	e	Harn	n Triggers
	support and maintain health.	2.	Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values;
		3.	Withholding nutrition and hydration without advance directive; or
		4.	Lack of potable water supply.
wide	Failure to protect from widespread nosocomial infections; e.g., failure to	1.	Pervasive improper handling of body fluids or substances from an individual with an infectious disease;
	practice standard precautions, failure to maintain sterile	2.	High number of infections or contagious diseases without appropriate reporting, intervention and care;
techniques during invas procedures and/or failu identify and treat nosoc infections	procedures and/or failure to	3.	Pattern of ineffective infection control precautions; or
		4.	High number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.
G.	Failure to correctly identify individuals.	1.	Blood products given to wrong individual;
		2.	Surgical procedure/treatment performed on wrong individual or wrong body part;
		3.	Administration of medication or treatments to wrong individual; or
		4.	Discharge of an infant to the wrong individual.
fire haz	Failure to provide safety from fire, smoke and environment	1.	Nonfunctioning or lack of emergency equipment and/or power source;
	hazards and/or failure to educate staff in handling emergency situations.	2.	Smoking in high risk areas;
		3.	Incidents such as electrical shock, fires;
		4.	Ungrounded/unsafe electrical equipment;
		5.	Widespread lack of knowledge of emergency procedures by staff;
		6.	Widespread infestation by insects/rodents;
		7.	Lack of functioning ventilation, heating or cooling system placing individuals at risk;
		8.	Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas;
		9.	Improper handling/disposal of hazardous materials, chemicals and waste;
		10.	Locking exit doors in a manner that does not comply with NFPA 101;
		11.	Obstructed hallways and exits preventing egress;
		12.	Lack of maintenance of fire or life safety systems; or
		13.	Unsafe dietary practices resulting in high potential for food borne illnesses.
I.	Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (Emergency Medical Treatment and Active Labor Act).	1.	Individuals turned away from ER without medical screening exam;
		2.	Women with contractions not medically screened for status of `labor;
		3.	Absence of ER and OB medical screening records;
		4.	Failure to stabilize emergency medical condition; or
		5.	Failure to appropriately transfer an individual with an unstabilized emergency medical condition